

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		<b>Attorney Docket No.</b> 9593-034	
		<b>First Inventor</b> Steven M. Ruben	
		<b>Title</b> Apoptosis Inducing Molecule I	
		<b>Express Mail Label No.</b>	

<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>	<b>ADDRESS TO:</b> MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small></p> <p>3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <b>59</b>]</span> <small>(preferred arrangement set forth below)</small><ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul></p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Sheets <b>7</b>]</span></p> <p>5. Oath or Declaration <span style="float: right;">[Total Sheets <b>2</b>]</span><ul style="list-style-type: none"><li>a. <input type="checkbox"/> Newly executed (original or copy)</li><li>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small></li><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></li></ul></p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 [2 Pages Total]</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small><ul style="list-style-type: none"><li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li><li>b. Specification Sequence Listing on:<ul style="list-style-type: none"><li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li><li>ii. <input checked="" type="checkbox"/> Paper</li></ul></li><li>c. <input checked="" type="checkbox"/> Statements verifying identity of above copies</li></ul></p> <p><b>ACCOMPANYING APPLICATIONS PARTS</b></p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <span style="float: right;"><input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></span></p> <p>11. <input type="checkbox"/> English Translation Document <small>(if applicable)</small></p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <span style="float: right;"><input type="checkbox"/> Copies of IDS Citations</span></p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small></p> <p>17. <input checked="" type="checkbox"/> Other: Request Under 37 C.F.R. § 1.821(e)</p>
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No.: 08/816,981

Prior application information: Examiner Phuong N. Huynh Art Unit: 1644

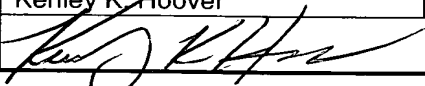
**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.

**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number: <b>20583</b> OR <input type="checkbox"/> Correspondence address below	
Name	
Address	
City	State
Country	Zip Code
Telephone	Fax

Name (Print/Type)	Kenley K. Hoover	Registration No. (Attorney/Agent)	40,302
Signature		Date	September 16, 2003

17859 U.S. PTO  
10/662430  
09/16/03

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PTO/SB/17 (05-03)  
Approved for use through 04/30/2003. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2003				Complete if Known			
Effective 01/01/2003. Patent fees are subject to annual revision.				Application Number		Not Yet Assigned	
				Filing Date		Concurrently Herewith	
				First Named Inventor		Steven M. Ruben	
				Examiner Name		Not Yet Assigned	
				Art Unit		N/A	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Attorney Docket No.		9593-034	
TOTAL AMOUNT OF PAYMENT		(\$)		834.00			

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None				3. ADDITIONAL FEES			
<input checked="" type="checkbox"/> Deposit Account							
Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">08-3425</span>							
Deposit Account Name: <span style="border: 1px solid black; padding: 2px 40px;">Human Genome Sciences, Inc.</span>							
The Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments							
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application							
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							

FEE CALCULATION								
1. BASIC FILING FEE								
Large Entity		Small Entity		Fee Description	Fee Paid			
Fee Code	Fee (\$)	Fee Code	Fee (\$)					
1001	750	2001	375	Utility filing fee	750.00			
1002	330	2002	165	Design filing fee				
1003	520	2003	260	Plant filing fee				
1004	750	2004	375	Reissue filing fee				
1005	160	2005	80	Provisional filing fee				
SUBTOTAL (1)				(\$)	750.00			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE								
Total Claims		15	-20** =	0	x	18.00	=	0.00
Independent Claims		4	-3** =	1	x	84.00	=	84.00
Multiple Dependent					x		=	
Large Entity		Small Entity		Fee Description	Fee Paid			
Fee Code	Fee (\$)	Fee Code	Fee (\$)					
1202	18	2202	9	Claims in excess of 20				
1201	84	2201	42	Independent claims in excess of 3				
1203	280	2203	140	Multiple dependent claim, if not paid				
1204	84	2204	42	** Reissue independent claims over original patent				
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent				
SUBTOTAL (2)				(\$)	84.00			
** or number previously paid, if greater; For Reissues, see above								

SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)		Kenley K. Hoover		Registration No. (Attorney/Agent)	40,302
Signature				Telephone	(301) 610-5771
				Date	September 16, 2003